

7/11

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-01-2002 90322 001 ***450.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000029009
1. Entity Name
KENDALL Foods, Corporation

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business
22305 S.W. 157 Ave
Suite, Apt. #, etc.

3. Mailing Address
751 Water Point Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Goulds, FL

City & State
Brunswick, ME

4. FEI Number
65-0675512
Applied For
Not Applicable

Zip
33170

Country
US

Zip
04011

Country
US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Peter Kendall

Street Address (P.O. Box Number is Not Acceptable)

22305 S.W. 157 Ave

City
Goulds, FL Zip Code
33170

8. The above named entity submits this statement for the purpose of changing its registered office or registered agents, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when mandated) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
Kendall, Peter
22305 S.W. 157 Ave
Goulds, FL 33170

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/02 305-258-1631
Date Daytime Phone #

CR2E034B (12/01)